

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.765)

JUL - 2 1986 MARI 1936

WATER RESOURCES DEPT  
 SALEM, OREGON

MARI 1936  
 55/W-22cc

**(1) OWNER:** Owner's Well Number: \_\_\_\_\_  
 Name Fessler Farms  
 Address 11796 Monitor McKee Rd.  
 City Woodburn State Or. Zip \_\_\_\_\_

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  Other

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other \_\_\_\_\_

**BORE HOLE CONSTRUCTION:**  
 Depth of Completed Well 198 ft.  
 Special Standards date of approval \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	0 20	Bent	0 20	14 sacks 50 lbs

How was seal placed? Method  A  B  C  D  E  
 Other Dry 8 mesh bent pored in dry annuls  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1	198	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) 198

**PERFORATIONS/SCREENS:**  
 Perforations Method Holt air perf  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
108	150	prf				<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min \_\_\_\_\_ Pumping level \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr  
300 \_\_\_\_\_ 198 \_\_\_\_\_

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**  
 County Marion Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township T5S N or S, Range 1W E or W, WM,  
 Section 22 SW  $\frac{1}{4}$  SW  $\frac{1}{4}$   
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_  
NA

**(10) STATIC WATER LEVEL:**  
42 ft. below land surface. Date 6-11-86  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	WB?	SWL
Top Soil med brn	0	2		
Clay med brn	2	28		
Clay brn sandy	28	36		
Sand fine brn	36	45		
Sand brn some gravel	45	60		
Gravel, sand med brn	60	70		
Clay med brn	70	76		
Sand, gravel med fine	76	95		
Clay grey sandy	95	101		
Sand, gravel fine	101	106	H2O	
Gravel, sand blk	106	121	H2O	
Sand brn course	121	126	H2O	
Gravel med, sand	126	132	H2O	
Gravel, large gry	132	150	H2O	
Clay grey med	150	181		
Clay brn sticky	181	186		
Clay grey soft	186	210		

Date started 6-6-86 Completed 6-11-86

**(unbonded) Water Well Constructor Certification:**  
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**(bonded) Water Well Constructor Certification:**  
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.

Signed [Signature] Date 6-22-86

Company Staco Well Services Co. Job No. \_\_\_\_\_